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CONFIRMATION NO. 3250

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/699,429	10/31/2003 RULE	604	3763	PF00419 Div

APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/698,783 10/27/2000 PAT 6,800,071
 which is a CIP of 09/429,352 10/28/1999 PAT 6,248,093
 which claims benefit of 60/106,237 10/29/1998

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
02/02/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged _____ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	CA	19	45	3		

ADDRESS

MEDTRONIC MINIMED INC.
 18000 DEVONSHIRE STREET
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 UNITED STATES

TITLE

External infusion device with a vented housing

FILING FEE RECEIVED 1220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)

- 1.17 Fees (Processing Ext. of time)
- 1.18 Fees (Issue)
- Other _____
- Credit